

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **746503** (2)
1. Corporation Name
THE SEPHARDIC SOCIAL CLUB OF FLORIDA



Principal Place of Business Mailing Address
C/O JUDITH DELAFUENTE C/O JUDITH DELAFUENTE
21785 CYPRESS DR 21785 CYPRESS DR
BOCA RATON FL 33433 BOCA RATON FL 33433

21	22	23	24	25	26	27	28	29	30
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report		4. FEI Number	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03/28/1979		04/07/1995		59-2734111	
City & State		City & State		<input type="checkbox"/>		<input type="checkbox"/>		Applied For	
Zip		Zip		5. Certificate of Status Desired		\$8.75 Additional Fee Required		Not Applicable	
Country		Country		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
				<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
KOHAN, ANDREW J., ESQ.
2034 E. OAKLAND PARK BLVD.
FT. LAUDERDALE FL 33306

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE		DATE	
OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1996	
12. TITLE	D	13. 1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORMAN, AL	12. NAME	
STREET ADDRESS	3302 ARUBA WAY	13. 13. STREET ADDRESS	
CITY, ST, ZIP	COCONUT CREEK FL	14. CITY, ST, ZIP	
TITLE	P	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELAFUENTE, MORRIS	22. NAME	
STREET ADDRESS	21785 CYPRESS DR	23. STREET ADDRESS	
CITY, ST, ZIP	BOCA RATON FL	24. CITY, ST, ZIP	
TITLE	V	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALIO, HANK	32. NAME	
STREET ADDRESS	7906 A. LEXINGTON CLUB BLVD.	33. STREET ADDRESS	
CITY, ST, ZIP	DELRAY BEACH FL	34. CITY, ST, ZIP	
TITLE	S	41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELAFUENTE, JUDITH	42. NAME	
STREET ADDRESS	21785 CYPRESS DR	43. STREET ADDRESS	
CITY, ST, ZIP	BOCA RATON FL	44. CITY, ST, ZIP	
TITLE	D	51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORMEZANO, SAMUEL	52. NAME	
STREET ADDRESS	5609 COCO PALM DR.	53. STREET ADDRESS	
CITY, ST, ZIP	TAMARAC FL	54. CITY, ST, ZIP	
TITLE	D	61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRESPIN, JACK	62. NAME	
STREET ADDRESS	829 CAMINO RD.	63. STREET ADDRESS	
CITY, ST, ZIP	DELRAY BCH. FL	64. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Judith Delafuente - Judith Delafuente*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-482-0592
Telephone Number

CR2E037 (12/95)